



FILE COPY *Receipt #2*

PATENT
Attorney Docket No. 1850

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

FOX et al.

Group Art Unit: 2755
Examiner: Unassigned

Serial No. 09/448,854

Filed: November 23, 1999

For: CERTIFICATE REISSUANCE
FOR CHECKING THE STATUS
OF A CERTIFICATE IN
FINANCIAL TRANSACTIONS

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Attached is a copy of the official filing receipt received from the Patent Office in the above-identified application. Issuance of a corrected filing receipt is respectfully requested.

Applicants submit that there is an error with respect to the second named inventor. The inventor's first name, "BRIAN" was incorrectly entered as "BRAIN." A copy of the Filing Receipt with this correction in red ink is enclosed herewith. The correction is not due to any error by applicants and no fee is due.

Respectfully submitted,

By *Albert S. Michalik*
Albert S. Michalik, Reg. No. 37,395
Attorney for Applicants
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(425) 653-3520

In re Appln. of FOX et al.
Serial No. 09/448,854



CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this REQUEST FOR CORRECTED FILING RECEIPT is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date shown below:

Date: 1/14/2000

By:

Albert S. Michael

1850 Req for Corrected filing receipt

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UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/448,854	11/23/99	2755	\$2,152.00	1850	7	67	10

MICHALIK & WYLIE PLLC
14645 BEL-RED ROAD
SUITE 103
BELLEVUE WA 98007



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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examiners Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) BARBARA L. FOX, SEATTLE, WA; BRIAN A. LAMACCHIA, SEATTLE, WA.

BRIAN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/00

TITLE

CERTIFICATE REISSUANCE FOR CHECKING THE STATUS OF A CERTIFICATE IN FINANCIAL TRANSACTIONS

PRELIMINARY CLASS: 709

DATA ENTRY BY: ZIMMERMAN, SHUANA TEAM: 01 DATE: 01/04/00



(See reverse for new important information)

SERIAL NUMBER 09/448,854	FILING DATE 11/23/99	CLASS 709	GROUP ART UNIT 2755	ATTORNEY DOCKET NO. 1850
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APPLICANT
BARBARA L. FOX, SEATTLE, WA; BRIAN A. LAMACCHIA, SEATTLE, WA.

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CONTINUING DOMESTIC DATA***

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371 (NAT'L STAGE) DATA***

VERIFIED

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FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING/LICENSE GRANTED 01/04/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 67	INDEPENDENT CLAIMS 10
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Verified and Acknowledged Examiner's Initials	Initials
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ADDRESS MICHALIK & WYLIE PLLC 14645 BEL-RED ROAD SUITE 103 BELLEVUE WA 98007
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TITLE CERTIFICATE REISSUANCE FOR CHECKING THE STATUS OF A CERTIFICATE IN FINANCIAL TRANSACTIONS	
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FILING FEE RECEIVED \$2,152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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